



# Encyclopedia of Community Corrections

## Addiction-Specific Support Groups

Contributors: **Author:** Cheryl G. Swanson

**Edited by:** Shannon M. Barton-Bellessa

Book Title: Encyclopedia of Community Corrections

Chapter Title: "Addiction-Specific Support Groups"

Pub. Date: 2012

Access Date: September 30, 2020

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks

Print ISBN: 9781412990837

Online ISBN: 9781452218519

DOI: <http://dx.doi.org/10.4135/9781452218519.n3>

Print pages: 7-9

© 2012 SAGE Publications, Inc. All Rights Reserved.

This PDF has been generated from SAGE Knowledge. Please note that the pagination of the online version will vary from the pagination of the print book.

Addiction-specific support groups consist of groups of people who meet on a regular basis to facilitate and maintain their recovery from substance abuse. Also known as self-help groups, peer-based recovery groups, and mutual-aid support groups, they have voluntary members and are based on the notion that those who have experienced addiction and recovered from it are in a unique position to help those who are suffering from drug and alcohol dependence. The best-known addiction-specific support group is Alcoholics Anonymous (AA), which uses 12 steps to recovery. Other popular 12-step programs include Narcotics Anonymous (NA), Cocaine Anonymous (CA), and Gamblers Anonymous (GA). The 12-step groups are spiritually based but do not adhere to religious doctrine. In contrast, some faith-based groups have developed recovery support groups focused on their particular religious beliefs. For example, The Most Excellent Way offers Christian solutions for addictions. Non-faith-based groups also exist, such as Secular Organizations for Sobriety (SOS) and SMART Recovery. Women for Sobriety (WFS) is based on the New Life Program and includes a spiritual dimension. Some women who attend WFS also attend AA meetings, but many of the WFS attendees interviewed in one study said they like the opportunity afforded them in a gender-based group to focus on women's issues.

**Studies have shown that active involvement in an addiction support group correlates with higher rates of sobriety, and that addicts are more like to heed advice from those who share their illness.**



(<http://Photos.com>)

Although the terms support group and self-help group are often used interchangeably, Linda Farris Kurtz notes that self-help groups are a larger and more complex form of group, with a clear mission of helping members change some aspects of themselves. Support groups are smaller and less complicated, and they seek to comfort rather than to change their members. Based on this distinction, 12-step programs, such as AA and NA, and other groups designed to bring about change in addictive behaviors would be classified as self-help groups. For purposes of this discussion, however, the terms self-help and support group are used equivalently.

## History

There is a long history of addiction-specific support groups in the United States, going back to the 18th century. William White locates early peer-based recovery groups in Native American recovery circles. A

precursor to AA, the Oxford Group had an international following in the 1920s and 1930s, receding in popularity in the 1940s. AA, founded in 1935, was influenced by many of the simple principles of the Oxford Group but has enjoyed considerably more longevity. Although the organization does not keep membership lists, U.S. membership is estimated at 1.3 million, with 39,700 of those members in correctional facilities. Membership overseas is estimated at 704,200. AA and other 12-step programs are based on self-examination and self-honesty, particularly about one's addiction, the identification and acknowledgment of one's character defects, one's effort to make restitution for harms done, and working with others. NA was founded in 1953 and remained relatively small until the 1970s and 1980s, when drug abuse became more prominent in American society. In 2004, it was estimated that 2.1 million people in the United States received assistance from a variety of addiction-specific support groups.

### **Contribution to Recovery**

Addiction-specific support groups were developed, in part, as a response to the failures of professionally directed treatments. Advantages of the addiction-specific support groups are their accessibility (for example, AA's traditions dictate that the only requirement for membership is a desire to stop drinking), affordability (AA groups are self-supporting through members' voluntary contributions, often amounting to donations of as little as \$1 to \$2 per member per meeting), and continuity and sustained support (members are encouraged to attend meetings for the rest of their lives and can call on support of fellow members 24 hours per day). Substance abuse treatment programs and drug courts often encourage their clients to connect with support groups during treatment and following its completion. In the treatment vernacular, support groups become a form of aftercare.

White describes the "natural," "enduring," and "reciprocal" nature of relationships in support groups as superior to the "hierarchical," "transient," and "commercial" nature of relationships associated with professional treatment alone. While treatment staff in therapeutic communities are often former substance abusers, their relationships with clients differ substantially from those found in peer-based programs, where fellow substance abusers serve as guides, sharing their own experiences rather than engaging in directive behavior. Founding members of AA observed that practicing alcoholics are more likely to listen to recovery advice from someone who shares their illness. Group members also believe that because of their own involvement with addictions, they are more skilled at recognizing and confronting denial, dishonest behaviors, and tendencies toward relapse.

Twelve-step programs take a holistic approach to addiction, emphasizing that substance abuse is a symptom of the person's problems. Through self-examination, individuals are encouraged to change their way of living and their attitude toward life, substituting honesty and helping others with dishonest and self-centered behaviors. Support group members are encouraged to change their thinking, habits, and friendships moving from a culture of addiction to a culture of recovery. Addiction-specific support groups and professionally run treatment programs are not considered to be in competition, but rather complementary. Treatment programs may help jump-start individuals who have difficulty with recovery. Studies show that alcohol-dependent persons benefit from treatment and that co-occurring psychiatric problems may be better addressed in treatment settings.

Prisons often host addiction-specific support groups facilitated by inmates themselves as well as free world volunteers. At the same time, prisons also run drug treatment programs managed by paid professionals. Offenders sentenced to community corrections may have treatment or attendance at addiction-specific support groups included as specific conditions of probation.

### **Evaluation**

While there is logic to the recovery principles of addiction-specific support groups, they are difficult to evaluate. AA has been evaluated more than any other group, and there is considerable empirical evidence supporting its efficacy. However, data collected by AA shows that 64 percent of attendees drop out the

first year. Those who remain sober for five years tend to have successful long-term recoveries. However, because membership is anonymous, it is very difficult to conduct follow-up studies. People who attend support group meetings, unless they are ordered to do so by a court, self-select into the programs, making random assignment for experimental purposes impossible. Research on heavy drug users suggests that self-help groups by themselves are not effective. There is no evidence indicating that any one type of support group is more effective than any other, and there is a lack of studies comparing different types of addiction-specific support groups. One of the few studies done in this regard compared personal and emotional changes among drug-addicted inmates in an Israeli prison in an NA-type meeting, without the 12-step, spiritually based program, and in an NA meeting based on the 12 steps. Inmates in the latter group had a higher sense of meaning and coherence in life and a greater reduction in intense negative emotions, such as anxiety, depression, and anger.

In spite of the difficulty in evaluating self-help groups, numerous studies have examined different aspects of recovery. A study of 200 members of NA who stayed off drugs for three years indicated that they had no more anxiety and no lower self-esteem than those who had never been drug addicts. Research on male alcohol and drug abusers found that those classified as higher attendees of AA and NA meetings after treatment significantly reduced their drug intake, after a seven-month follow-up period, to half as much as those classified as low attendees. These findings stood regardless of whether subjects had previously completed a hospitable rehabilitation program, suggesting that the effects of self-help groups were independent of the motivation of attendees. Another study found that for those discharged from hospital treatment, attendance at AA meetings improved abstinence considerably more than adhering to prescribed medication. In a meta-analysis of more than 50 studies, the authors found that AA members stayed sober longer if they had a sponsor, worked the 12-step program, led a meeting, increased their participation in the program over time, and sponsored other AA members. Thus, program involvement, which cannot be mandated, was a key variable in improved outcomes. Additional research shows that those who are engaged in helping others recover had better abstinence records, supporting the helping principle and clarifying the process of 12-step programs. Also, both general and alcohol-specific support networks are related to short-term post-treatment abstinence, but only alcohol-specific support networks are positively associated with longer-term post-treatment abstinence.

### **Spirituality**

Addiction-specific support groups are both spiritually based and secular. The better-known and more available groups are 12-step programs that are spiritual in nature and link spiritual growth with successful recovery. The second and third steps of these programs say, "We came to believe that a power greater than ourselves could restore us to sanity" and "We made a decision to turn our will and our lives over to the care of God as we understood him." The programs also prescribe prayer and meditation. Eight state and federal courts have ruled that a parolee has the right to be assigned to a secular treatment program. While not organized religion, the courts view the religious overtones of 12-step programs as sufficiently substantial to warrant prohibiting government from coercing parolees to attend them. Typically, when a judge orders a probationer to attend a 12-step meeting, the understanding is that the offender must attend some type of self-help program. Offenders often choose 12-step programs because they are the best known and most widely available. If alternatives are not available in a community, the probationer may see the choice as one between going to prison and attending a 12-step meeting, making the latter the only viable alternative. From the late 1980s through the mid-1990s, E. M. Read, with the U.S. Probation Office, wrote several articles and a book urging fellow probation officers to understand alcohol abuse within the context of the disease concept and specifically recommended that probation officers refer their clients to AA.

Surveys of members of secular support groups suggest that spiritual pathways to recovery may be contraindicated for them. Among secular addiction support groups, SOS uses cognitive tools to support recovery. SMART uses a four-point program based on rational emotive behavioral therapy. A substantial proportion of members of these groups do not like the references to God and "powerlessness" that are features of 12-step programs. Because participation in support groups improves recovery outcomes, it is

important that individuals are well matched with the philosophy of the recovery groups to which they are referred. Thus, nonreligious people are less likely to participate in 12-step programs, and the converse is true for people who score higher on a measure of religiosity. In a study of New York clinicians, treatment professionals cited obstacles to participation in 12-step programs as a lack of motivation on the part of the client, a lack of readiness for change, and a lack of perceived need for help as more important than aspects of the programs themselves such as spirituality and admitting powerlessness over drugs and/or alcohol. A study of substance abuse treatment programs in the Department of Veterans Affairs showed that, in accordance with American Psychiatric Association guidelines, the majority of clinicians refer substance abuse patients to self-help groups after treatment, and that clinicians are less likely to make a 12-step referral if the client is an atheist.

### Possible Dangers of Support Groups

Because professionals such as judges, probation officers, doctors, and other treatment specialists often refer addicted clients to peer support groups, it is important to address concerns that may arise about them. These include the fear that nonprofessionally directed groups may give misguided information to substance abusers, that group members may attempt to act as therapists when they have no professional training, that the expression of intense feelings and emotions in some group may overwhelm new members, and that group members may pressure newcomers into cultlike beliefs and stigmatized identities. Long-established groups often have guidelines in their literature that direct members to refrain from giving advice beyond their own experience with addiction recovery. A study of more than 1,300 medical trainees in Australia identified AA as an approach well supported by the research literature and therefore did not perceive this particular method of recovery as doing more harm than good. The new evidence-based case management advocated by the American Probation and Parole Association suggests that officers should be cognizant of the issues related to addiction-specific support groups and successful recovery.

- Twelve Steps
- addiction-specific support groups
- twelve-step programs
- support groups
- addiction
- self-help groups
- self-help

Cheryl G. Swanson University of West Florida  
<http://dx.doi.org/10.4135/9781452218519.n3>

See also

- [Case Management](#)
- [Drug- and Alcohol-Abusing Offenders and Treatment](#)
- [Drug Courts](#)
- [Drug Testing in Community Corrections](#)
- [Offender Needs](#)
- [Temperance Movement](#)
- [Therapeutic Communities](#)

### Further Readings

Atkins, Randolph G. and James E. Hawdon "Religiosity and Participation in Mutual-Aid Support Groups for Addiction." *Journal of Substance Abuse and Treatment*, v.33/3(2007).  
Kurtz, Linda F. *Self-Help and Support Groups: A Handbook for Practitioners*. Thousand Oaks, CA: Sage, 1997.  
Laudet, Alexandre B. "Attitudes and Beliefs About 12-Step Groups Among Addiction Treatment Clients and Clinicians Toward Identifying Obstacles to Participation." *Substance Use and Misuse*, v.38/14(2003).

Read, E. M. "Twelve Steps to Sobriety: Probation Officers 'Working the Program.'" *Federal Probation: A Journal of Correctional Philosophy and Practice*, v.54(1990).

Tonigan, J. S., E. Toscova, and W. R. Miller "Meta-Analysis of the Literature on Alcoholics Anonymous: Sample and Study Characteristics Moderate Findings." *Alcoholism Treatment Quarterly*, v.14(1996).

White, William L. "The History and Future of Peer-Based Addiction Recovery Support Services." Paper presented at the SAMHSA Consumer and Family Direction Initiative 2004 Summit, March 22–23, Washington, DC. <http://www.bhrm.org/P-BRSSConcPaper.pdf> (Accessed February 10, 2011).